

STANDARD OPERATING PROCEDURE TRIAL WITHOUT CATHETER (TWOC) (ADULTS)

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VALIDITY – All local SOPS should be accessed via the intranet

CHANGE RECORD

Version	Date	Change details
1.0	16/09/20	<i>New SOP</i>
1.1	May 2024	<i>Reviewed SOP. No content changes required. Approved at Community Services Clinical Network Group (16 May 2024).</i>

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1. INTRODUCTION

This Standard Operating Procedure outlines relevant rules, responsibilities and actions in relation to trial without catheter [TWOC]; and to ensure these are conducted in the best interest of the patient.

This will inevitably require a flexible and personalised approach which recognises:

- The need to undertake a robust and standardised assessment approach which will ensure consistent safe and effective planning of care for each individual patient. This should include:
 - **ensuring that the Trial Without Catheter is conducted within the most appropriate environment** (some patients will be scheduled to attend the TWOC clinic within our acute trust, please check this if unsure);
 - **at the most appropriate time of day/day of the week** (if in the community setting morning, and beginning of the week are usually most appropriate)
 - **by the health care professional best placed for this procedure – a registered nurse should be conducting the trial without catheter.**
 - **that the patient is given advice on fluids, monitoring output, contact details in case of pain/discomfort, plan if TWOC is unsuccessful;**
 - **and (if in the community setting) to ensure a review is scheduled around six hours post catheter removal;**
 - **Checking of equipment should re catheterisation be required.**
- The need for good communication and coordination. This SOP is designed to guide staff in how and when to undertake a trial without catheter; and guidance on decisions regarding the continuity and coordination of care throughout the procedure.

2. SCOPE

This Standard Operating Procedure is aimed at all clinical staff in both the inpatient and community settings; including both registered and unregistered staff who are permanent, temporary, bank and agency staff.

3. DUTIES AND RESPONSIBILITIES

The Chief Executive retains overall responsibility for ensuring effective implementation of all policies and procedures.

The Trust Board – will ensure that this procedure is acted on through delegation of implementation to Assistant Directors or equivalent General Managers/Service Managers/Modern Matrons/Lead Professionals.

Service Managers, Modern Matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.

Charge Nurse/Team Leaders will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs for their respective teams. The Charge Nurse/Team Leader will ensure mechanisms and systems are in place to facilitate staff to attend relevant training as part of their Performance and Development Review (PADR) process in order to undertake training and sign off competencies.

All clinical staff employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion.

4. PROCEDURES

This Standard operating procedure includes:-

- What you need to know
- What you need to do
- Cautions
- Indications for a TWOC to ascertain if voiding is possible
- Suitability for a TWOC
- Types of TWOC
- How to minimise discomfort during a TWOC
- Indications to abandon a TWOC
- Where to perform a TWOC and why
- Reasons why intermittent bladder drainage is the better option if a TWOC is unsuccessful

4.1. What you need to know:

- the reasons why trial without catheter is necessary
- the different types of trial without catheter and the rationale behind chosen methods
- how to minimise any unnecessary discomfort during treatments relevant to trial without catheter
- when not to proceed or when to abandon a trial without catheter for an individual and what actions to take
- the reasons why intermittent bladder drainage is the better option if the trial without catheter is unsuccessful
- how to perform a trial of voiding for an individual with a suprapubic catheter
- how to perform and interpret bladder ultrasound.

4.2. What you need to do:

- provide the individual and relevant others with the appropriate health related information and advice to establish the individual's health needs and suitability for trial without catheter
- undertake a risk assessment and use the outcomes to determine a suitable method for trial without catheter
- recognise any adverse effects and potential complications during the trial without catheter
- identify appropriate treatments for the individual based on the results of the trial without catheter
- provide appropriate care for individuals where the trial without catheter is not effective.

4.3. Cautions:

- presence of a large urogenital prolapse
- previous failed TWOC
- any surgery for stress incontinence
- medication, e.g. anticholinergics
- large fibroid uterus.

4.4. Indications for a TWOC to ascertain if voiding is possible:

- to ascertain voiding function post-operatively
- post-acute urinary retention and to ascertain the effectiveness of alpha blockers in men
- chronic retention to ascertain voiding, and to what degree
- if a suprapubic catheter is present, a catheter valve can be used to stop continuous drainage, if appropriate. If voiding is satisfactory and the residual is low, the catheter can be removed after three days.

4.5. Suitability for a TWOC:

- Self-scheduled assessment where possible, with a focused history combined with a risk assessment
- Medical status to include infection history and status, antibiotic indications, nocturnal polyuria indications, cognitive status and social status
- Catheter history, equipment being used, who is involved in catheter care
- Is medical status improving, stable or deteriorating?
- Ability to consent/co-operate
- Falls, poor mobility, dexterity, difficulty in getting to the toilet.

4.6. Types of TWOC:

- Early daytime with an increased fluid intake, undertaken more for convenience of those involved (preferred option for community services) – Avoid TWOC towards the end of the week in the community setting
- Daytime extended overnight, with next day review especially for those patients with likely residual urine volume
- Night time; useful for inpatients and those with nocturnal polyuria

4.7. How to minimise discomfort during a TWOC:

- In removing a catheter at the start of a TWOC, check water volume in balloon. Avoid pulling on the syringe as this may create a vacuum and cause the balloon to cuff making removal difficult. Instead allow water to drain out of the balloon under its own pressure
- Warn the patient of potential discomfort prior to catheter removal. The patient should be encouraged to drink normally (1.5 to 2 litres during the day) prior to TWOC as over consumption may compromise bladder function
- The patient should be advised of process should TWOC fail, i.e. regarding catheterisation or learning to perform intermittent self-catheterisation

4.8. Indications to abandon a TWOC:

- Patient withdraws consent
- Bleeding is of concern
- Pain is of concern
- If urine is not passed or an unacceptable amount of residual urine is showing present on a bladder ultrasound scan. Bladder scanners should be used in caution postpartum.

4.9. Where to perform a TWOC and why:

- At home, if possible, as it is more relaxed for the patient and reduces the risk of cross infection by not bringing him/her back into a hospital ward environment
- An isolated environment, if immuno-compromised. This is best performed in the patient's own home to minimise the risk of cross infection
- In a supervised environment if urinary output is a concern, because of ill health problems such as renal failure, cardiac failure, postural oedema
- In a supervised environment where functional issues may be of concern, such as assistance with toileting or falls in relation to toilet or commode usage
- In a supervised environment where haemorrhage is of concern, such as prostate cancer, medication or a combination of these factors
- In a supervised environment if the likelihood of re-catheterisation could be difficult

- In a supervised environment for complex patients, where sudden acute urinary retention may be the outcome with a time delay in returning to the patient and potential difficulty in catheterisation
- Continual supervision because of cognitive impairment, such as dementia resulting in the patient's inability to follow instructions.

4.10. Reasons why intermittent bladder drainage is the better option if a TWOC is unsuccessful:

- Intermittent bladder drainage can be achieved by use of a catheter valve or intermittent catheterisation as these allow the bladder to expand to store urine and contract to empty, therefore maintaining the muscular effect, stimulate blood supply and maintain normal bladder health
- If bladders are allowed to remain on long-term continual/free drainage, bladder function can be lost and may not return if a TWOC is considered in the future
- Intermittent bladder drainage or catheterisation should be considered by nurses caring for patients using long-term indwelling catheters because of the long-term consequences of continual drainage

5. REFERENCES

- Nursing & Midwifery Council (2015) The Code: Professional standards of practice and behaviour for nurses and midwives. London: NMC
- Male, Female, Suprapubic and Intermittent Catheterisation Training Workbook (accessed via HumberNet)
- Catheter Care workbook (accessed via HumberNet)
- Skills for health (2006) www.skillsforhealth.org.uk
- Catheterisation & Management competency record [accessed via the intranet under clinical skills]
- Catheter Care Competency (accessed via HumberNet)
- The Royal Marsden Hospital Manual of Clinical Nursing Procedures Guidelines for related procedures, as available on the Humber Intranet <http://hisapplications/marsden/default.asp>
- Urinary incontinence and pelvic organ prolapse in women; management (NG123) (NICE 2019)
- Lower urinary tract symptoms in men; management (CG97) (NICE 2015)
- Urinary incontinence in neurological disease; assessment and management (CG148) (NICE 2012)
- RCN (2019) Catheter Care – RCN Guidance for Health Care Professionals.